

Fill in this information to identify the case:

Debtor name Washington Place Indiana LLC et al, Consolidated SchedulesUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

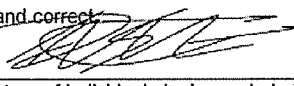
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 13, 2021

X


Signature of individual signing on behalf of debtor

FIA Capital Partners by David Goldwasser
Printed name

Restructuring Officer
Position or relationship to debtor

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 United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION
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Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ABS Management 1274 49th St # 302 Brooklyn, NY 11219-3011		Consulting Services	Unliquidated Disputed			\$135,000.00
Asphalt Solutions 5342 S Harding St Indianapolis, IN 46217-9573		Asphalt	Unliquidated Disputed			\$313,869.92
CentiMark Corporation PO Box 536254 Pittsburgh, PA 15253-5904		Roofing	Unliquidated Disputed			\$10,153.10
Circle City Outdoors 5851 E 34th St Indianapolis, IN 46218-1801		Landscaping	Unliquidated Disputed			\$0.00
Emergency Response Services Inc. c/o Aubrey Tobin, Esq. 2140 Walnut Lake Rd West Bloomfield, MI 48323-3736			Unliquidated Disputed			\$778,849.61
Harmon Brothers Construction LLC 2793 Holiday Way Greenwood, IN 46143-5534		Construction	Unliquidated Disputed			\$14,382.44

Debtor Washington Place Indiana LLC et al, Consolidated Schedules
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346		Taxes	Unliquidated Disputed			\$0.00
Lerner, Arnold & Winston, LLP 475 Park Ave S New York, NY 10016-6901		Insurance	Unliquidated Disputed			\$218,750.00
Marion County Treasurer 200 E Washington St Ste 1001 Indianapolis, IN 46204-3318		Taxes	Unliquidated Disputed			\$0.00
MD Termite, Pest & Seamless Gutters 406 US Highway 41 Spring Hill, FL 34610		Pest Control	Unliquidated Disputed			\$0.00
NYC Dep't of Finance Legal Affairs 345 Adams St Fl 3 Brooklyn, NY 11201-3719		Taxes	Unliquidated Disputed			\$0.00
NYS Dep't of Taxation Bankruptcy/Special Procedure PO Box 5300 Albany, NY 12205-0300		Taxes	Unliquidated Disputed			\$0.00
Quality Roofing Services, Inc. 7920 Georgetown Rd Ste 400 Indianapolis, IN 46268-1698		Roofing	Unliquidated Disputed			\$7,950.00
Small Business Administration PO Box 3918 Portland, OR 97208-3918			Unliquidated Disputed	\$150,000.00	\$0.00	\$150,000.00

Debtor Washington Place Indiana LLC et al, Consolidated Schedules
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Velocity 11722 Allisonville Rd Ste 103-318 Fishers, IN 46038-2324		Real estate contract	Unliquidated Disputed			\$1,500.00

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United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1 Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Signature Bank

Checking

8687

\$142,427.00

3.2. Wells Fargo

Lockbox

6133

\$5,000.00

3.3. Wells Fargo

Checking

1738

\$303,087.00

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$450,514.00

Part 2 Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.

☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Tenant security deposits

\$5,000.00

Debtor Washington Place Indiana LLC et al. Consolidated Schedules Case number (if known) _____
Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$5,000.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture/Equipment	\$42,072.00		\$42,072.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$42,072.00

Debtor Washington Place Indiana LLC et al Consolidated Schedules Case number (if known) _____
Name

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 8 Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

Part 9 Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Two adjoining parcels of real property at 10105-10121 and 10203-10263 East Washington Street, Indianapolis, IN, comprising the mall "Washington Plaza"	Tenancy in Common	\$0.00	projected stabilized	\$4,000,000.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$4,000,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 10 Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

Debtor Washington Place Indiana LLC et al Consolidated Schedules Case number (if known) _____
Name

Part 11 All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71.	Notes receivable Description (include name of obligor)	
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities Insurance claim against Nationwide Mutual Insurance Company for damages to roof and HVAC caused by vandalism.	<u>\$875,000.00</u>

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$875,000.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor Washington Place Indiana LLC et al. Consolidated Schedules Case number (if known) _____
 Name _____

Part 12 Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$450,514.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$5,000.00	
82. Accounts receivable. Copy line 12, Part 3.	\$0.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$42,072.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88. Real property. Copy line 56, Part 9.....>		\$4,000,000.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$875,000.00	
91. Total. Add lines 80 through 90 for each column	\$1,372,586.00	+ 91b. \$4,000,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$5,372,586.00

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United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1 List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
<u>\$3,435,429.16</u>	<u>\$4,000,000.00</u>

2.1 RSS BBCMS 2017-CI_IN
WPI, LLC

Creditor's Name

c/o Green & Kuchel P.C.
322 US Highway 41 Ste 104
Schererville, IN 46375-4204

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

1. RSS BBCMS 2017-CI_IN
WPI, LLC
2. Small Business
Administration

Describe debtor's property that is subject to a lien

Two adjoining parcels of real property at
10105-10121 and 10203-10263 East
Washington Street, Indianapolis, IN,
comprising the mall "Washington Plaza"

Describe the lien

plus interest/fees

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed

2.2 Small Business
Administration

Creditor's Name

PO Box 3918
Portland, OR 97208-3918

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

Two adjoining parcels of real property at
10105-10121 and 10203-10263 East
Washington Street, Indianapolis, IN,
comprising the mall "Washington Plaza"

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

\$150,000.00\$0.00

Debtor Washington Place Indiana LLC et al, Consolidated Schedules Case number (if known) _____
Name

Date debt was incurred

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

1. RSS BBCMS 2017-CI_IN

WPI, LLC

2. Small Business

Administration

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,585,429.1
6**Part 2** List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Glenn Kuchel, Esq.
322 US Highway 41 Ste 104
Schererville, IN 46375-4204Line 2.1Kay A. Nelson, Receiver
Mid-America Asset Management, Inc.
1 Parkview Plz Fl 9
Oakbrook Terrace, IL 60181-4400Line 2.1

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☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1 List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346	\$0.00	\$0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred Basis for the claim: For notice purposes only		
Last 4 digits of account number Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

2.2 Priority creditor's name and mailing address Marion County Treasurer 200 E Washington St Ste 1001 Indianapolis, IN 46204-3318	\$0.00	\$0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date or dates debt was incurred Basis for the claim: For notice purposes only		
Last 4 digits of account number Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Debtor Washington Place Indiana LLC et al, Consolidated Schedules Case number (if known) _____
Name _____

2.3 Priority creditor's name and mailing address NYC Dep't of Finance Legal Affairs 345 Adams St Fl 3 Brooklyn, NY 11201-3719	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
<hr/> Date or dates debt was incurred _____		
<hr/> Last 4 digits of account number _____		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
Basis for the claim: For notice purposes only		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4 Priority creditor's name and mailing address NYS Dep't of Taxation Bankruptcy/Special Procedure PO Box 5300 Albany, NY 12205-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
<hr/> Date or dates debt was incurred _____		
<hr/> Last 4 digits of account number _____		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
Basis for the claim: For notice purposes only		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1 Nonpriority creditor's name and mailing address ABS Management 1274 49th St # 302 Brooklyn, NY 11219-3011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135,000.00
3.2 Nonpriority creditor's name and mailing address Asphalt Solutions 5342 S Harding St Indianapolis, IN 46217-9573 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313,869.92
3.3 Nonpriority creditor's name and mailing address CentiMark Corporation PO Box 536254 Pittsburgh, PA 15253-5904 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,153.10

Debtor **Washington Place Indiana LLC et al, Consolidated Schedules** Case number (if known) _____
 Name _____

3.4	Nonpriority creditor's name and mailing address Circle City Outdoors 5851 E 34th St Indianapolis, IN 46218-1801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Emergency Response Services Inc. c/o Aubrey Tobin, Esq. 2140 Walnut Lake Rd West Bloomfield, MI 48323-3736 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$778,849.61</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Harmon Brothers Construction LLC 2793 Holiday Way Greenwood, IN 46143-5534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$14,382.44</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address Lerner, Arnold & Winston, LLP 475 Park Ave S New York, NY 10016-6901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$218,750.00</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address MD Termite, Pest & Seamless Gutters 406 US Highway 41 Spring Hill, FL 34610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Quality Roofing Services, Inc. 7920 Georgetown Rd Ste 400 Indianapolis, IN 46268-1698 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,950.00</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Velocity 11722 Allisonville Rd Ste 103-318 Fishers, IN 46038-2324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,500.00</u> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 8: List Others to Be Notified About Unsecured Claims

Debtor Washington Place Indiana LLC et al, Consolidated Schedules Case number (if known) _____
 Name

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	NY State Attorney General 28 Liberty St New York, NY 10005-1400	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	NYC Dept of Law Attn: Bernadette Brennan, Esq. 100 Church St Rm 5-233 New York, NY 10007-2601	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	<u>0.00</u>
5b.	+	\$ <u>1,480,455.07</u>
5c.	\$	<u>1,480,455.07</u>

Fill in this information to identify the case:

Debtor name Washington Place Indiana LLC et al, Consolidated SchedulesUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **See attached rent roll**

State the term remaining

List the contract number of any government contract _____

Commercial Rent Roll

Property: Washington Place Indiana LLC

As of 12/07/21

Tenant Name	Unit	Sq Ft	Pro Rata Share	Lease Start	Lease End	Security Deposit	Last Rent Increase	Rent Charges	Annual Rent Sq Ft	Operation Charges	Annual Operation Sq Ft	Total Charges	Annual Charges Sq Ft
Washington Place Indiana LLC													
<VACANT>	1	1,200	1.17			0.00		0.00	0.00	0.00	0.00	0.00	0.00
Supreme Hair Depot In	2	25,078	24.45	3/1/20	11/30/25	0.00		17,000.00	8.13	4,000.00	1.91	21,000.00	10.05
Big Lots Stores, Inc. #5	3	48,400	47.19	11/1/11	1/31/23	0.00		17,141.67	4.25	0.00	0.00	17,141.67	4.25
Lumber Liquidators, Inc	4	5,895	5.75	5/5/15	9/30/25	0.00	10/1/2020	4,814.25	9.80	977.59	1.99	5,791.84	11.79
<VACANT>	5	3,200	3.12			0.00		0.00	0.00	0.00	0.00	0.00	0.00
<VACANT>	6	11,800	11.50			0.00		0.00	0.00	0.00	0.00	0.00	0.00
Martinez, Mishael	7	1,400	1.36	3/1/21	2/28/26	3,000.00		1,800.00	15.43	408.33	3.50	2,208.33	18.93
GNC Store	8	1,400	1.36	9/26/16	1/31/22	2,000.00	11/1/2020	2,400.00	20.57	0.00	0.00	2,400.00	20.57
AT&T Mobility	9	4,200	4.09	2/1/16	1/31/26	0.00	2/1/2021	4,462.50	12.75	974.55	2.78	5,437.05	15.53
Totals for Wash		102,573				5,000.00		47,618.42	5.57	6,360.47	0.74	53,978.89	6.31
Report Totals		102,573				5,000.00		47,618.42	5.57	6,360.47	0.74	53,978.89	6.31

Report Summary

Detail	Value
Total Possible Rent	47,618.42
Vacancy Rent	0.00
Occupied Unit Rent	47,618.42
# of Units	9
Vacant Units	3
Occupied Square Footage	86,373
Occupancy %	84.21%

Fill in this information to identify the case.

Debtor name Washington Place Indiana LLC et al, Consolidated Schedules

United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Abraham Bernat	331 Rutledge St Brooklyn, NY 11211-7547	RSS BBCMS 2017-CI_IN WPI, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Washington Place Indiana 1073 LLC	331 Rutledge St Brooklyn, NY 11211-7547	RSS BBCMS 2017-CI_IN WPI, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Washington Place Indiana 945 LLC	331 Rutledge St Brooklyn, NY 11211-7547	RSS BBCMS 2017-CI_IN WPI, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Yechiel Rivlin	331 Rutledge St Brooklyn, NY 11211-7547	RSS BBCMS 2017-CI_IN WPI, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Washington Place Indiana LLC et al, Consolidated SchedulesUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum**
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1 Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$ 4,000,000.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$ 1,372,586.00**1c. Total of all property:**Copy line 92 from Schedule A/B..... \$ 5,372,586.00**Part 2 Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A Amount of claim, from line 3 of Schedule D..... \$ 3,585,429.16**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 1,480,455.07**4. Total liabilities**
Lines 2 + 3a + 3b\$ 5,065,884.23